

Written on OCTOBER 12, 2011 AT 3:26 PM by PROSS

Nowhere Else I'd Rather Be: Initial Impressions from the New Role 3 Multinational Medical Unit Commander

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By Capt. Bruce Meneley, commanding officer, NATO Role 3 Multinational Medical Unit, Kandahar, Afghanistan. Meneley, a U.S. Navy Emergency Medicine physician, assumed command in August 2011 with a multinational crew composed of mostly U.S. Navy personnel, but also with U.S. Army, U.S. Air Force, Canadian, Dutch, Belgian, British and Danish support.



Navy Capt. Bruce Meneley assumes command of the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan. (Photo courtesy of NATO Role 3 Multinational Medical Unit, Kandahar, Afghanistan)

Kandahar is hot, dusty, noisy, and chaotic, with expeditionary buildings and wiring everywhere. Juxtaposed against this backdrop is the NATO Multinational Medical Unit — new, bright, modern, shiny and clean with a quiet, determined purposeful movement within, rivaling anything you

might see in the United States and often better than what you'd see stateside.

The days are long. There is so much to learn before the current staff departs. We spend hours drinking in their knowledge and experience because all too soon they will leave us. A new crew of determined individual augmentees thrown together for the first time is rushing to be ready to assume the command from the old crew in seven days. I have been meeting a steady stream of people, most of whom I have difficulty remembering, from a complex multitude of organizations and commands at this NATO base.

Change of Command

The day has finally come and the crew and I are confident we are ready to follow in the footsteps of our shipmates.

Although only on the ground a week, it seems like a month. My new executive officer, Canadian Col. Kevin Goheen, an experienced dental officer, is the Master of Ceremonies. There is the usual pomp and circumstance, but the war does not pause for the occasion. The war goes on. Jets roar past on the flight line while inside, my teams are fighting heroically to save the lives of some newly arrived trauma patients. They are able to save most of them. In

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fact if you arrive with a pulse at our hospital, your chances of survival are more than 90 percent, but sometimes there is simply nothing that can be done. Some injuries are just incompatible with survival — a somber, stark and harsh reminder that the cost of war is paid in blood and lives.

9/11 Memorial Ceremony

We have been running the operation for almost three weeks now and are settling into our battle rhythm. We pause to reflect about the war on terror that began 10 years ago and the historic location we occupy close to the famous amphibious assault on HLZ Rhino to the south of us. We think about the continued cost of war having just said farewell and paid our respects to a corpsman lost in battle the day before. We have already seen our share of casualties, relished our wins, and mourned our losses. We see a steady stream of generals coming at night to recognize the valor of their injured soldiers prior to their flights out the following day. Many of our patients are Afghans and frequently children, caught in the middle of battle. They benefit from the same superb care delivered to our injured service members.

It is indeed our honor and privilege to tend to our wounded, our American heroes, and I am humbled in their presence. I don't know that I could muster the courage they display on a daily basis. I miss my wife and friends, my warm comforting home, but I can honestly say there is nowhere else in the world I would rather be than here at this time leading an exceptional crew providing the amazing care they provide.

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